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APPLICATION NO.	FILING DATE	T	FIRST NAMED INVENTO	OR.	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/830,135 .	10/830,135 . 04/23/2004		Francesc Ros	200209941-2 7441		7441	
TITLE OF INVENTION	: HARDCOPY SERVIC	ING APPARATUS					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	E FEE TOTAL FEE(S) DL	JE DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0 03.400	\$1700	03/12/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS		1/2007 MAHNED2 00000		
GOLDBERG, BRIAN J		2861	347-037000	- 01 FC 02 FC		1400.00 DA 300.00 DA	
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
HEWLETT-PACKARD DEVELOPMENT COMPANY, L.P. HOUSTON, TEXAS							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🖵 Government							
4a. The following fee(s) are submitted:  Sissue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			4b. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2025 (enclose an extra copy of this form).				
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Authorized Signature			Date FEBRUARY 28, 2007				
Typed or printed name WILLIAM T. ELLIS Registration No. 26,874							
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